

4. The oft-mentioned familial character of cancer. (Shaw-Mackenzie published an extreme instance where the father was alcoholic and the mother and six of their children died of cancer. I have mentioned in your columns a family where both parents and five of their children died of cancer of the stomach.)

There is a common disease which satisfies all the criteria suggested by the above, and of which only one aspect has so far been studied in any detail. It is a lymphophilic disease of great chronicity, affecting the pancreas and liver in the great majority of cases, the only common truly familial disease, and already clearly implicated as the cause of cancer in certain organs. The causative organism has a life-cycle of which only the active spiral phase has received full attention. The chronic granular phase awaits, and deserves, the close study of research workers who are also clinicians. Is it not time, Mr. Editor, to discard the complacent smile which so often greets the word syphilis?—I am, etc.,

Carnarvon, Jan. 30th. GRIFFITH EVANS, D.M., F.R.C.S.

Colonic Irrigation

SIR,—During a discussion on mucous colitis at the Section of Physical Medicine of the Royal Society of Medicine, reported in the *Journal* of January 27th, several speakers referred to its treatment, at the spas and elsewhere, by colonic irrigation. Dr. Geoffrey Holmes's detailed description of the method employed at Harrogate was greatly appreciated. Neither he nor any of the other speakers raised a point which they—quite rightly—regarded as outside the province of that meeting—namely, the qualifications of those responsible for its administration. It will be of interest to know precisely what amount of training is expected on the part of those who carry out the treatment. Are they State-registered nurses, members of the Chartered Society of Massage and Medical Gymnastics, or bath assistants who have acquired a knowledge of the correct procedure by constant practice?—I am, etc.,

London, W.1, Feb. 1st.

M. B. RAY.

Inheritance of Mental Deficiency

SIR,—The letter of Dr. Ian D. Suttie (*Journal*, January 27th, p. 170) is a fair example of the bias which can be introduced into the discussion of a case of feeble-mindedness when an effort is made to avoid at all costs the imputation of inheritance. It is obvious that on the data available regarding this incestuous family nothing can be proved, so it becomes a case of adopting the most reasonable interpretation.

The original grandparents were mentally normal and produced a large family, of whom two sisters were mentally defective, and a brother finally developed general paralysis and dementia. The union of this brother and one of his sisters produced three children, two of whom were mentally normal at ages of 17 and 7 years. Now I know of no authority on the subject who denies that recessive factors are often involved in the inheritance of feeble-mindedness. Dr. Penrose certainly does not. Which is then the more reasonable—to assume that this explanation, which fits all the known facts, is applicable to this pedigree, or to make the highly improbable assumption that a feeble-minded mother and a father suffering from paralysis and dementia would create a better home environment than two normal parents? The question has only to be asked. The answer is sufficiently obvious.—I am, etc.,

King's College, London, Jan. 31st.

R. RUGGLES GATES.

Symbols in Pedigrees

SIR,—As I have received a few inquiries as to the meaning of the symbols used in my article "The Menace of Hereditary Blindness" in the *British Medical Journal* of January 20th I send the following explanatory key:

- = Normal female.
- = Normal male.
- = Defective homozygous female.
- = Defective homozygous male.
- ^{or}○ = Normal carrier (heterozygous female).
- ^{or}□ = Normal carrier (heterozygous male).
- ⊗ = Died.
- ✕₅ = Died defective at age 5 years (female).
- ₃ = Found defective at age 3 years (male).
- = Miscarriage.
- ⊕ = Four normal females.
- ⊖ = Six normal males.
- ⬢ = Four children (normals) sex unknown.
- ■ ○ □ = One eye only defective.

—I am, etc.,

London, W.1, Jan. 30th.

J. MYLES BICKERTON.

The Services

DEATHS IN THE SERVICES

Major William McElrea Snodgrass, M.C., R.A.M.C., of Lifford, County Donegal, died at the Royal Victoria Hospital, Netley, on February 1st, aged 42, of infection received while performing an operation on a Service patient. He was born on December 10th, 1890, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1915. Subsequently he took the special diploma of the English Colleges in laryngology and otology in 1927. He joined the Special Reserve of the R.A.M.C. in 1915, as soon as he had qualified, and went to France with the Third Division before the end of the year. He served in the long-drawn-out battle of the Somme in 1916, when he was wounded, and received the Military Cross. In March, 1918, he was sent to Iraq, and then went to Persia and India. He took a permanent commission in the R.A.M.C., with the rank of captain, on December 18th, 1918, and became major on May 30th, 1927. He served in the Waziristan campaign in 1920 and returned to England in 1922. From 1925 to 1931 he served in Egypt, and on his return home was posted to Netley as oto-rhino-laryngologist. He leaves a widow and two children. The honorary secretary and treasurer of the Southampton Division of the British Medical Association (Dr. John Clayre) writes: Major Snodgrass had a charming personality, and was popular with all in the Service and his fellow-members of this Division. He was a keen sportsman and all-round athlete, and had played Rugby for Dublin University. Deep sympathy is felt for his widow and family.

Major Ram Chandra Malhotra, O.B.E., Indian Medical Service, died in India on December 22nd, aged 49. He was born on November 19th, 1884, and was educated at Edinburgh University, where he graduated M.B., Ch.B. in 1911. He also studied at University College, London, at Charing Cross Hospital, and in Dublin, and took the D.P.H. at Cambridge in 1914. After filling the posts of clinical assistant at the Brompton Chest Hospital and casualty officer at Charing Cross Hospital, he took a temporary commission in the I.M.S. as lieutenant on May 15th, 1915, and got a permanent commission on November 1st, 1920, being ranked as captain from May 20th, 1917. He attained the rank of major on October 18th, 1927. He served in the war of 1914-18, was mentioned in dispatches in the *London Gazette* of August 15th, 1917, and June 3rd, 1919, receiving the O.B.E. He recently held the appointment of assistant director of public health at Rawal Pindi.